Original - Court 1st copy - Payer 2nd copy - Payee 3rd copy - Friend of the Court

Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT

CASE NO.

COUNTY		ND REPORT ON AYMENT AMOUNT	
Court address			Court telephone no.
Plaintiff's name and address		1. □ a. Ba	nsed on an administrative action taken on
		Da □ b. Afi	te ter an administrative hearing held on
v			before
Defendant's name and address		Da	te
Defendant's flame and address		Frie	end of the court/Referee/Other Bar no
		the frien	d of the court office determines:
		2. Applicat □ is	ion of arrearage guidelines □ is not unjust or inappropriate.
3. There has has not has not has not		regarding the payer's ide regarding the amount of	ntity. current support or arrears as follows:
5. The specific amounts that the pay	er should be required to	pay for current and past-	due support, confinement, and fees are:
☐ 6.The prior total payment amount ☐ should ☐ should not as follows:	deviates from the arrear be set because c		
The arrearage and confinem assumptions or findings upo			of the arrearage guideline and the factual
b. The alternate payment amou	unt and the factual assun	nptions upon which it is b	ased are:
The alternate payment amou	unt □is □is not	contrary to the best inter	ests of child.
c. The alternate payment amo	unt deviates from the arr	earage guideline and was	s calculated as follows:
d. The reasons for the alternate	e payment amount are:		
e. Other evidence that the indiv	vidual ☐ is ☐ is not	able to make the altern	ate payment amount is attached.
f. The impact of the alternate p	payment amount is as fol	lows:	
7.NOTICE TO PAYER: You have administrative review hearing.	e the right to request a ju	idicial hearing on the rec	ord appealing the determination of the
Based upon these findings, entry of t	the attached income with	holding order is recomme	ended.
Date		Referee/Friend of the cour	t signature